

DeKalb County

330 W. Ponce De Leon Ave.
2nd Floor
Decatur, Georgia 30031
(404) 371-2772
Fax (404) 371-2946



Department of Finance
Internal Audit & Licensing

BACKGROUND CERTIFICATION FORM - MESSAGE

Applicant Full Name: _____
Business Full Name: _____
Business Address: _____ City/State/Zip _____
Business Telephone: () _____
Social Security #: _____ State Where Issued: _____ D/O/B: _____

BACKGROUND:

Other Names:

List other names used by applicant: Maiden Name, Names by former marriages, former names changed legally or otherwise, nicknames, Specify which, and show dates used.

Arrest History:

Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violations of any federal law, state law, local county or municipal law, regulation or ordinances? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. **If no arrest, write "No Arrest". After last arrest is listed, please write "No Other Arrest".**)

Ownership Interest:

List the full name, address and other information as requested for each person having an ownership interest in the application and there percentage of ownership.

I hereby certify that the statements made herein and on any supporting documents are true, correct and complete to the best of my knowledge.

Signature of Applicant/Therapist

Date